CLAIMS ONLY

Application Number	Filing Date
10/027020	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4						
5	1	1				
6	1					
7		1				
8	1					
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49						
50						
Total Indep	9					
Total Depend	17					
Total Claims	26					

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						